



State of New Jersey

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
P.O. BOX 949
TRENTON, NJ 08625-0949

ASBESTOS CONTROL AND LICENSING ACT, N.J.S.A. 34:5A-32, ET SEQ.

APPLICATION FOR ASBESTOS LICENSE

EACH APPLICANT IS REQUESTED TO VOLUNTARILY PROVIDE HIS OR HER SOCIAL SECURITY NUMBER IN HIS OR HER PERMIT APPLICATION TO ASSIST THE COMMISSIONER IN THE ENFORCEMENT OF THE PROVISIONS OF N.J.S.A 34:5A-32 et. seq.

EACH SOCIAL SECURITY NUMBER MAY BE USED AS AN IDENTIFIER IN THE COMMISSIONER'S COMPUTERIZED RECORDKEEPING SYSTEM TO AID IN THE PROCESSING OF PERMIT APPLICATIONS.

EACH SOCIAL SECURITY NUMBER COLLECTED SHALL REMAIN CONFIDENTIAL TO THE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT.

(TYPE OR PRINT LEGIBLY IN INK. ANSWER ALL ITEMS AND PROVIDE DOCUMENTATION WHERE INDICATED ON FORM)

1. COMPANY NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
2. PROVIDE A COPY OF YOUR COMPANY'S **CERTIFICATE OF INCORPORATION** (CORPORATE PAPERS). ALSO SUBMIT A COPY OF YOUR COMPANY'S STANDING CERTIFICATE WHICH MAY BE OBTAINED FROM THE NEW JERSEY DEPARTMENT OF TREASURY, OFFICE OF COMMERCIAL RECORDING (TELEPHONE NUMBER 609-292-9292). IF YOUR COMPANY IS OUT OF STATE, YOU **MUST** ALSO SUBMIT A CERTIFICATE OF AUTHORITY TO DO BUSINESS IN NEW JERSEY, OBTAINED FROM THE NEW JERSEY DEPARTMENT OF TREASURY, DIVISION OF REVENUE (TELEPHONE NUMBER 609-292-9292).
- COMPANY IS A: ☐ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL
- CORPORATION NUMBER: _____ DATE INCORPORATED: _____
- NAME OF STATE YOU ARE INCORPORATED IN: _____
- NAME/ADDRESS OF REGISTERED AGENT IN NEW JERSEY:
- NAME: _____
- ADDRESS: _____
- CITY: _____ STATE: _____ ZIP CODE: _____
3. YOUR COMPANY CONTACT PERSON: _____
- YOUR COMPANY BUSINESS TELEPHONE: _____ EXT.: _____
- FAX NUMBER: _____
4. a. PLEASE PROVIDE A RECENTLY DATED DOCUMENT AS **PROOF OF THE FEDERAL EMPLOYER IDENTIFICATION NUMBER** ASSIGNED TO YOUR COMPANY (EG. A RECENT COPY OF A **FEDERAL IRS FORM 1120, FORM 8501 OR FORM 8109**).
- FEDERAL EMPLOYER IDENTIFICATION NUMBER:** _____
- b. **NEW JERSEY UNEMPLOYMENT INSURANCE REGISTRATION NUMBER:** _____
5. HOW LONG IN MONTHS AND YEARS HAS THE COMPANY BEEN IN EXISTENCE OR BEEN OPERATING UNDER ITS CURRENT COMPANY NAME? _____ YEARS _____ MONTHS
- IF COMPANY NAME HAS CHANGED WITHIN THE PAST TWO (2) YEARS, INDICATE FORMER NAME AND ADDRESS:
- NAME: _____
- ADDRESS: _____
- CITY: _____ STATE: _____ ZIP CODE: _____

6.

IS COMPANY AN AFFILIATE OR A SUBSIDIARY OF ANY OTHER ORGANIZATION?

☐ YES ☐ NO

IF “YES”, LIST NAME(S) AND ADDRESS(ES) OF RELATED ORGANIZATION(S) AND RELATIONSHIP BELOW (ATTACH ADDITIONAL SHEET(S) IF MORE SPACE IS REQUIRED):

NAME(S)	ADDRESS(ES)	RELATIONSHIP

7.

LIST **ALL** OWNERS, PARTNERS, SHAREHOLDERS (10% OR MORE), OFFICERS, AND DIRECTORS OF THE COMPANY (ATTACH ADDITIONAL SHEET(S) IF REQUIRED):

NAME AND HOME ADDRESS	OFFICE/TITLE	SOCIAL SECURITY	% OWNERSHIP	DATE OF BIRTH

8.

IF YOU ANSWER “YES” TO ANY OF THE QUESTIONS IN THIS SECTION, YOU **MUST** PROVIDE A DETAILED STATEMENT TO FULLY EXPLAIN THE CIRCUMSTANCES AND ATTACH STATEMENT TO APPLICATION.

WITHIN THE PAST FIVE (5) YEARS HAS/IS THE COMPANY OR ANY OF THE PARTIES IDENTIFIED IN SECTION 7:

A.

BEEN A PARTY IN LITIGATION INVOLVING LAWS GOVERNING HOURS OF LABOR, MINIMUM WAGE STANDARDS, PREVAILING WAGE RATE, CHILD LABOR OR DISCRIMINATION IN WAGES?

☐ YES ☐ NO

B.

BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OFFENSE, OTHER THAN A MINOR MOTOR VEHICLE VIOLATION?

☐ YES ☐ NO

C.

BEEN SUBJECT TO, OR HAS PENDING, ANY DISCIPLINARY ACTION(S) OR CITATION(S) OR VIOLATION(S) BY AN ADMINISTRATIVE, GOVERNMENTAL, OR REGULATORY AGENCY, INCLUDING BUT NOT LIMITED TO OSHA, EPA AND DEP?

☐ YES ☐ NO

D.

NOW SUBJECT TO ANY ORDER RESULTING FROM ANY CRIMINAL, CIVIL OR ADMINISTRATIVE PROCEEDINGS BROUGHT AGAINST SUCH COMPANY, PERSONS, OR PARTIES BY ANY ADMINISTRATIVE, GOVERNMENTAL, OR REGULATORY AGENCY?

☐ YES ☐ NO

E.

BEEN DENIED ANY LICENSE OR HAD IT SUSPENDED OR REVOKED BY ANY ADMINISTRATIVE, GOVERNMENTAL OR REGULATORY AGENCY?

☐ YES ☐ NO

F.

BEEN INFORMED OF ANY CURRENT OR ONGOING INVESTIGATION WITH RESPECT TO POSSIBLE VIOLATIONS OF SUCH COMPANY, PERSONS, OR PARTIES OF STATE OR FEDERAL SECURITIES, ANTI-TRUST, OR CRIMINAL LAWS?

☐ YES ☐ NO

G.

DISBARRED, SUSPENDED, OR DISQUALIFIED FROM CONTRACTING WITH ANY FEDERAL, STATE, OR MUNICIPAL AGENCY?

☐ YES ☐ NO

H.

A DEFENDANT IN ANY CIVIL OR CRIMINAL LITIGATION?

☐ YES ☐ NO

9.

FOR THIS SECTION, THE APPLICANT **MUST** SUBMIT A COPY OF HIS/HER CERTIFICATE OF INSURANCE STIPULATING THE NAME OF THE COMPANY’S INSURANCE CARRIER, THE POLICY NUMBER AND THE POLICY PERIOD UNDER WHICH THE ENTIRE **NEW JERSEY WORKERS’ COMPENSATION** OBLIGATIONS ARE INSURED **AND** WHICH SPECIFIES THE NJ DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT (ASBESTOS CONTROL AND LICENSING) AND THE NJ DEPARTMENT OF HEALTH & SENIOR SERVICES (CONSUMER & ENVIRONMENTAL HEALTH SERVICES) AS CERTIFICATE HOLDERS. **WORKERS’ COMPENSATION INSURANCE FOR STATES OTHER THAN NEW JERSEY IS NOT ACCEPTABLE.**

10.

WITHIN THE PAST ONE (1) YEAR OF THE FILING OF THIS APPLICATION, ACCURATELY INDICATE THE TOTAL NUMBER OF SUCCESSFULLY COMPLETED ASBESTOS ABATEMENT PROJECTS ON WHICH THE COMPANY WAS EMPLOYED AS EITHER A CONTRACTOR OR SUBCONTRACTOR.

NUMBER OF PROJECTS: _____

PROVIDE A LIST OF ALL NEW JERSEY ASBESTOS ABATEMENT PROJECTS THE COMPANY HAS COMPLETED WITHIN FIVE (5) YEARS OF THE FILING OF THIS APPLICATION (ATTACHMENTS MAY BE REQUIRED).

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

11. IDENTIFY A COMPANY PRINCIPAL OR A COMPANY JOB SUPERVISOR WHO HAS SUCCESSFULLY COMPLETED A “SUPERVISORS TRAINING COURSE” IN ASBESTOS ABATEMENT THAT HAS BEEN CERTIFIED BY THE COMMISSIONER OF HEALTH AND SENIOR SERVICES OF THE STATE OF NEW JERSEY AND HAS BEEN ISSUED A VALID PERFORMANCE PERMIT WITH A **SUPERVISORY** DESIGNATION (**SUBMIT A PHOTOCOPY OF THE SUPERVISORY PERMIT**).

12. RESPIRATORY PROTECTION

ATTACH AS A SEPARATE DOCUMENT, YOUR COMPANY’S WRITTEN STANDARD OPERATING PROCEDURES MANUAL GOVERNING THE SELECTION AND USE OF RESPIRATORS. THE PROCEDURE MANUAL **MUST** MEET OSHA STANDARDS 29 CFR 1910.1001 AND 29 CFR 1926.1101 REQUIREMENTS FOR A MINIMAL ACCEPTABLE RESPIRATORY PROGRAM AND **MUST INCLUDE AS A MINIMUM** THE FOLLOWING ITEMS:

- A. RESPIRATOR SELECTION ON THE BASIS OF THE HIGHEST HAZARD TO WHICH THE WORKER IS EXPECTED TO BE EXPOSED.
- B. INSPECTION AND TRAINING PROCEDURE ON THE PROPER USE OF RESPIRATORS, THEIR LIMITATIONS, AND PROPER FITTING.
- C. EMPLOYEE ASSIGNMENT PROCEDURE.
- D. RESPIRATOR CLEANING AND DISINFECTING SCHEDULE.
- E. RESPIRATOR STORAGE PROCEDURE.
- F. RESPIRATORY INSPECTION AND MAINTENANCE PROCEDURE.
- G. WORK AREA SURVEILLANCE, EMPLOYEE EXPOSURE, AND STRESS MONITORING PROCEDURE.
- H. RESPIRATOR PROGRAM EVALUATION PROCEDURE.
- I. MEDICAL SURVEILLANCE OF EMPLOYEES USING RESPIRATORS (I.E., USER’S ABILITY TO USE RESPIRATORS).
- J. APPROVED RESPIRATOR SELECTION LIST – AS PART OF THIS SECTION, YOUR COMPANY MUST INCLUDE THE MAKES, MODELS, AND TC APPROVAL NUMBERS FOR ALL RESPIRATORY PROTECTION SPECIFICALLY USED BY YOUR COMPANY.

13. ADDITIONAL PERSONAL PROTECTIVE EQUIPMENT

WHAT OTHER PERSONAL PROTECTIVE EQUIPMENT, IN ADDITION TO RESPIRATORS, IS TO BE PROVIDED TO EMPLOYEES WHO ARE INVOLVED IN ASBESTOS ABATEMENT PROJECTS? (I.E., INCLUDE A LISTING OF THE PERSONAL PROTECTIVE EQUIPMENT TO BE SUPPLIED TO EMPLOYEES DURING ASBESTOS ABATEMENT).

14. ENGINEERING METHODS AND CONTROLS

ATTACH A SEPARATE AND DETAILED SECTION ON THE ENGINEERING METHODS AND CONTROLS THAT YOUR COMPANY USES IN ASBESTOS ABATEMENT TO COMPLY WITH PERMISSIBLE EXPOSURE LIMITS (PELS).

15. COMPANY EQUIPMENT

PROVIDE A SEPARATE ATTACHMENT WHICH LISTS ALL OF YOUR COMPANY-OWNED EQUIPMENT SPECIFIC TO ASBESTOS ABATEMENT (I.E., NEGATIVE AIR FILTRATION UNITS, RESPIRATORS, SPRAYERS, HEPA VACUUMS, ETC.). YOU **MUST** PROVIDE PROOF OF OWNERSHIP (I.E. PAID COMPANY INVOICES, CANCELLED CHECKS, ETC.) AND THE FOLLOWING INFORMATION WHERE APPROPRIATE.

- A. MAKE AND DESCRIPTION OF THE EQUIPMENT ITEM
- B. MODEL AND SERIAL NUMBER OF THE EQUIPMENT ITEM
- C. SIZE (I.E., CFM CAPACITY)
- D. QUANTITY OF EQUIPMENT ITEM

THERE ARE TWO (2) TYPES OF LICENSES GRANTED WHICH SHALL BE EITHER AN “A” LICENSE OR A “B” LICENSE:

AN “A” TYPE LICENSE SHALL PERMIT THE EMPLOYER TO PERFORM ANY TYPE OF ASBESTOS WORK IN NEW JERSEY AND REQUIRES PROOF OF OWNERSHIP OF A MINIMUM OF THE FOLLOWING TYPES OF EQUIPMENT: TWO (2) HEPA VACUUMS; TWO (2) NEGATIVE AIR FILTRATION UNITS HAVING A 2000 CFM CAPACITY FOR EACH UNIT; TEMPORARY LIGHTING, GROUND FAULT INTERRUPTERS, GENERATORS AND EMERGENCY EQUIPMENT.

A “B” TYPE LICENSE SHALL **ONLY** PERMIT THE EMPLOYER TO **REMOVE** ASBESTOS CONTAINING MATERIAL FROM MECHANICAL SYSTEMS, SUCH AS PIPES, BOILERS, DUCTS, FLUES OR BREECHINGS. A “B” TYPE LICENSE REQUIRES PROOF OF OWNERSHIP OF A MINIMUM OF THE FOLLOWING TYPES OF EQUIPMENT: ONE (1) HEPA VACUUM; ONE (1) NEGATIVE AIR FILTRATION UNIT; TEMPORARY LIGHTING, GROUND FAULT INTERRUPTERS, GENERATORS, AND EMERGENCY EQUIPMENT.

PLEASE INDICATE THE TYPE OF LICENSE YOUR COMPANY IS SEEKING TO OBTAIN (CHECK ONE):

- ☐ TYPE “A”
- ☐ TYPE “B”

16. WORK PRACTICES

ATTACH A SEPARATE AND DETAILED SECTION ON YOUR COMPANY’S SPECIFIC WORK PRACTICES EMPLOYED TO MINIMIZE DUST GENERATION AND DISPERSAL. YOUR COMPANY’S WORK PRACTICES SHOULD DISCUSS IN DETAIL EACH OF THE FOLLOWING ITEMS:

- A. INITIAL WORK-SITE AREA PREPARATION
- B. PROPER METHODS OF REMOVAL AND HANDLING FOR LARGE, SMALL AND MINOR ASBESTOS ABATEMENT PROJECTS
- C. DECONTAMINATION PROCEDURES
- D. HOUSEKEEPING
- E. FINAL CLEAN-UP OF WORK-SITE AREA
- F. LIMITED CONTAINMENT REMOVAL
- G. ENCAPSULATION
- H. ENCLOSURE
- I. EMERGENCY PROCEDURES FOR FIRE, INJURY AND EVACUATION
- J. ELECTRICAL SYSTEMS LOCKOUT AND TEMPORARY POWER IMPLEMENTATION
- K. FLOORING ABATEMENT
- L. SIDING AND ROOFING ABATEMENT FOR DEMOLITION OF STRUCTURE WORK ONLY
- M. MANDATORY NOTIFICATION

PURSUANT TO N.J.A.C. 8:60-7 AND N.J.A.C. 12:120-7, AS AMENDED APRIL 3, 1995 THE LICENSEE WHO PLANS TO PERFORM ASBESTOS WORK IN NEW JERSEY MUST SUBMIT IN WRITING A NOTIFICATION OF INTENT TO PERFORM SUCH WORK TO BOTH THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES AND THE NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT. THIS MANDATORY NOTIFICATION MUST BE SUBMITTED AT LEAST TEN (10) CALENDAR DAYS PRIOR TO THE BEGINNING OF SUCH ASBESTOS WORK.

INDICATE IN WRITING IN THE BODY OF YOUR COMPANY’S APPLICATION THAT YOUR COMPANY WILL COMPLY WITH THIS REQUIREMENT AND INCLUDE A DETAILED POLICY AND PROCEDURE WHICH ADDRESSES HOW COMPLIANCE WILL BE ACHIEVED.

17. DANGER SIGNS AND DANGER LABELS

DESCRIBE YOUR COMPANY’S PRACTICES EMPLOYED CONCERNING BOTH DANGER SIGNS AND DANGER LABELS. DISCUSS DISPLAY AND LOCATION REQUIREMENTS, CONTENT, AND VISIBILITY.

18. WASTE HANDLING AND DISPOSAL.

ATTACH A SEPARATE AND DETAILED SECTION ON YOUR COMPANY’S SPECIFIC PRACTICES AND PROCEDURES WHICH REFERENCE EACH OF THE FOLLOWING:

- A. HOW YOUR COMPANY HANDLES ASBESTOS WASTE ON-SITE.
- B. HOW YOUR COMPANY HANDLES ASBESTOS WASTE OFF-SITE.
- C. PROVIDE DETAILED NOTIFICATION PROCEDURES SPECIFIC TO NEW JERSEY.
- D. PROVIDE THE CONTENT OF NOTIFICATION LETTERS.

****FOR ITEMS 19 AND 20 DO NOT SUBMIT ACTUAL EXPOSURE OR MEDICAL RECORD DATA FOR INDIVIDUAL EMPLOYEES AS PROOF OF COMPLIANCE WITH 29 CFR 1910.1001 AND 29 CFR 1926.1101.****

19. WORKER ASBESTOS EXPOSURE DATA

SUBMIT FOR EACH SECTION BELOW ANY PERTINENT AND ACCEPTABLE DOCUMENTATION AND EVIDENCE INCLUDING TIME-WEIGHTED AVERAGES (TWA’S), ENVIRONMENTAL DATA, RECORD LOCATION, COMPANY STATEMENT, WHERE INDICATED, AND ADMINISTRATIVE FORMS. EVEN IF YOUR COMPANY HAS **NOT** PERFORMED ANY ASBESTOS WORK TO DATE, YOU **MUST** INCLUDE A DETAILED POLICY AND PROCEDURE STATEMENT FOR **EACH** OF THE FOLLOWING SECTIONS. EVEN IF YOUR COMPANY HAS **NOT** SELECTED A MONITORING FIRM (ITEMS “E” AND “F” BELOW), YOU **MUST** SO INDICATE THAT IN WRITING IN THOSE SECTIONS.

- A. LOCATION OF EXPOSURE DATA
- B. COMPANY PROCEDURE FOR EMPLOYEES’ ACCESS TO RECORDS
- C. METHOD OF NOTIFICATION IN EXCESS OF EXPOSURE LIMITS
- D. ESTABLISHMENT OF TIME-WEIGHTED AVERAGES
- E. NAME AND ADDRESS OF PERSON/ORGANIZATION WHICH HAS OR WILL PERFORM AIR SAMPLING
- F. NAME AND ADDRESS OF LABORATORY WHICH PERFORMS ANALYSIS
- G. NAME FOR LABORATORY METHOD USED

20. MEDICAL EXAMINATIONS

SUBMIT FOR EACH SECTION BELOW ANY PERTINENT AND ACCEPTABLE DOCUMENTATION AND EVIDENCE INCLUDING PAYMENT RECEIPTS, ADMINISTRATIVE FORMS, AND A COMPANY STATEMENT OF RECORD LOCATION WHERE APPLICABLE. STATEMENTS SUCH AS, “ALL APPLICABLE EPA AND OSHA REQUIREMENTS WILL BE MET” OR “HAVE BEEN MET” **WILL NOT BE ACCEPTABLE** AS ADEQUATE PROOF OF COMPLIANCE. IF YOUR COMPANY HAS NOT YET SELECTED A MEDICAL GROUP, YOU **MUST** INDICATE THAT FOR ITEM “A” BELOW.

- A. NAME OF PARTICIPATING MEDICAL GROUP
- B. WHAT IS THE CONTENT OF MEDICAL EXAMINATIONS
- C. LOCATION OF MEDICAL RECORDS
- D. LENGTH OF MEDICAL RECORD RETENTION
- E. POLICY PROCEDURES, CONTENTS AND FREQUENCY OF INITIAL EXAMINATION AND CONSULTATION
- F. POLICY PROCEDURES AND CONTENTS OF PERIODIC EXAMINATION AND CONSULTATION

21. APPLICANT STATEMENT – PLEASE READ THE STATEMENT BELOW THOROUGHLY AND MAKE SURE YOU HAVE SIGNED AND DATED THE APPLICATION.

AS THE RESPONSIBLE APPLICANT – EMPLOYER, I UNDERSTAND THAT THE INFORMATION CONTAINED IN THIS APPLICATION FOR LICENSE IS ACCURATE, TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I ALSO UNDERSTAND THAT IF SUCH INFORMATION CONTAINED IN THIS APPLICATION IS FALSE, THAT THE APPLICANT-EMPLOYER IS SUBJECT TO THE PENALTY PROVISIONS OF PUBLIC LAW 1984, CHAPTER 173, AS AMENDED AND SUPPLEMENTED BY PUBLIC LAW 1994, CHAPTER 21.

I ALSO UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO VERIFICATION AND THAT I AGREE TO PROVIDE ANY ADDITIONAL DOCUMENTATION AS REQUIRED. FOR THE SAME PURPOSE I ALSO UNDERSTAND THAT OUTSIDE SOURCES MAY BE CONTACTED AND THAT I DO HEREBY GIVE PERMISSION FOR DISCLOSURE OF ANY INFORMATION WHICH MAY BE NEEDED TO DETERMINE LICENSE APPLICATION VALIDITY AND/OR ELIGIBILITY.

I ALSO UNDERSTAND THAT FAILURE TO PROVIDE FULL AND TIMELY DISCLOSURE OF ANY OF THE REQUESTED OR REQUIRED INFORMATION OR DOCUMENTATION MAY RESULT IN REJECTION OF THIS APPLICATION FOR LICENSE UNDER REVIEW.

I AM AUTHORIZED TO SIGN FOR AND IN BEHALF OF PERSON(S) LISTED UNDER ITEM 7 OF THIS APPLICATION FOR LICENSE.

A FEE OF \$1,000.00 MUST BE SUBMITTED WITH THIS APPLICATION FOR LICENSE.
**** A FEE OF \$100.00 MAY BE SUBMITTED FOR EACH ADDITIONAL DUPLICATE REQUESTED.****
***** PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO “COMMISSIONER OF LABOR AND WORKFORCE DEVELOPMENT”*****

SIGNATURE	NAME AND TITLE (TYPE OR PRINT)	DATE
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Company Affirmation:

In consideration for asbestos abatement licensure or renewal licensure, please affirm that your company agrees to comply with the following:

1. All projects, public and private, will be defined in writing and that this documentation will be made available at the abatement site for inspection.
2. Amended water will be used to wet all asbestos.
3. Decontamination units will be available on all sites. For full containment abatements, the decontamination unit will be a minimum of 3 stages with triple flaps separating each chamber with a shower in between the equipment room and the clean room. The decontamination unit shall be attached to the work area. For glove bag abatements, the contractor shall provide either a remote shower or an attached 3-stage decontamination unit.
4. All showers shall have hot and cold water.
5. All movable objects shall be removed from the work area or sealed with one layer of polyethylene sheeting.
6. The HVAC shall be shut down and sealed with 2 layers of polyethylene sheeting.
7. OSHA caution signs shall be posted at the entrance to all regulated areas and on waste storage facilities.
8. All polyethylene used for sheeting and waste bags shall be a nominal 6 mils thick.
9. Tinted sealant shall be applied to all surfaces exposed during abatement.
10. All visible ACM shall be removed as per the scope of work.
11. Final air testing shall comply with the requirements of N.J.A.C. 12:120-4.7(c) (formerly N.J.A.C. 5:16-4.7(c)).
12. For full containment projects, air filtration units shall provide for at least 4 air changes per hour and walls, ceilings and floors shall be covered with one layer of polyethylene sheeting.
13. For glove-bag projects, glove bags will be used once only. A drop cloth shall be placed below piping and all glove bag removal shall be accomplished using 2 individuals.
14. The contractor agrees to adhere to the following regulations, when applicable:
 - 29 CFR 1910.1001
 - 29 CFR 1926.1101
 - 29 CFR 1910.134
 - 40 CFR Part 61
 - N.J.A.C. 7:26
 - N.J.A.C. 12:120 (formerly N.J.A.C. 5:16)
 - N.J.A.C. 5:23-8

This applicant affirms that the company will follow the above referenced items on all abatement projects, as a minimum. If more stringent requirements are imposed by regulation or job specification, then the applicant affirms that they are bound by the more restrictive requirements.

The applicant also affirms that if any of its other previous submissions to the Department are less stringent than identified above, then the applicant shall comply with the aforementioned affirmations.

Company Name

Signature of Authorized Representative Making Affirmation

Date

Print Name and Title of Authorized Representative

ASBESTOS NOTIFICATIONS GUIDE

For notification requirements on emergency projects, contact appropriate agency for details.

NEW JERSEY

AGENCY

NJ Department of Community Affairs

Asbestos Safety Unit (Subchapter 8)
101 South Broad Street, 4th Floor
PO Box 816, Trenton, NJ 08625-0816
Telephone: 609-633-6224

NJ Department of Environmental Protection

Division of Solid and Hazardous Waste
Bureau of Technical Assistance
PO Box 414, Trenton, NJ 08625-0414
Telephone: 609-984-6985

NJ Department of Health & Senior Services

Consumer & Environmental Health Services
PO Box 360, Trenton, NJ 08625-0360
Telephone: 609-631-6749

NJ Department of Labor & Workforce Development

Asbestos Control & Licensing Section
1 John Fitch Plaza, 3rd Floor
PO Box 949, Trenton, NJ 08625-0949
Telephone: 609-633-3760

GENERAL REQUIREMENTS

Greater than 25 square feet of surface area ACM or
Greater than 10 linear feet of piping ACM
Pertains to educational facilities and public buildings
Notifications per NESHAPS (40 CFR Part 61, Subpart M)

Notification of Intent To Dispose sent 10 days prior to movement of asbestos waste

Greater than 3 square feet or greater than 3 linear feet
Greater than 1% asbestos
10 day notice prior to start of project (calendar days)
ALL private and public sector work

Greater than 3 square feet or greater than 3 linear feet
Greater than 1% asbestos
10 day notice prior to start of project (calendar days)
ALL private and public sector work

FEDERAL

AGENCY

U.S. Environmental Protection Agency

Region II, Enforcement & Compliance Assistance
290 Broadway, 21st Floor
New York, NY 10007-1866
Telephone: 212-637-4042

GENERAL REQUIREMENTS

Notification of intent to demolish or renovate sent 10 working days prior to asbestos stripping/removal activity when combined amount of regulated ACM is greater than 260 linear feet from piping or greater than 160 square feet on facility components

Notifications include work practices to be utilized to prevent asbestos emissions in addition to scheduled start/completion dates, quantities of ACM, and waste transporter/disposal information

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)			Name of Building Owner/Operator (2)						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address					
				City, State, Zip Code					
				Name of Contact		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address									
City (5)				Square Feet	# of Floors	Bldg. Age			
County (6)			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9)				
Street Address			Street Address						
City, State, Zip Code			City, State, Zip Code						
Project Manager for Monitoring Firm		Telephone No.		Telephone No.		License No.			
Start Date (10)		Scheduled Completion Date (11)		Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe:				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Name of Registered Waste Hauler			NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill			
City, State					Disposal Date	City, State			
Completed by		Title			Signature			Date	